

Hugh E. Weathers, Commissioner

FY 2019 ORGANIC CERTIFICATION COST SHARE REIMBURSEMENT APPLICATION

The South Carolina Department of Agriculture (SCDA) has been awarded funds from the U.S. Department of Agriculture Farm Services Agency for the FY19 National Organic Certification Cost Share Program (NOCCSP). The purpose of the NOCCSP is to defray the costs of receiving and maintaining organic certification. For eligible certification costs incurred between October 1, 2018, through September 30, 2019, organic operations may request reimbursement until October 31, 2019. SCDA is authorized to provide reimbursements to certified organic operators for up to 75% of the operation's total allowable certification costs, up to a maximum of \$750 per certification scope: crops, livestock, wild crops, and handling (i.e., processing).

Please fill ou	ıt a separate ap	plication per scope:				
☐ Crops	Livestock	☐ Wild Crops	☐ Handling/Processing			
, .	•		uth Carolina FSA office for data bursement from SCDA.	es and scopes shown	above?	
☐ Yes	□ N _o					
Company N	ame					
Contact Per	son					
Address						
Phone Num	ber		_ Email			
Organic Cer	tificate Numbe	er				
SCEIS Vend	lor Number					
		-	obtain a State of SC Vendor Numb in lieu of submitting private inforn		· · · · · ·	_
Total Cost of	f Certification	(Receipts must be attached)	× 75% =		
Reimbursem	nent Amount Ro	equested	(This amount cannot e	xceed \$750.00)		
		SCDA GF	RANTS ADMINISTRA	TION USE ON	ILY	
□Арр	proved	Amount to Pay			_	
□ Not	Approved	Authorized By			Date	

9/9/19

APPLICANT CERTIFICATION STATEMENT

Each applicant must submit a complete application to SCDA to be eligible to receive program benefits. A complete application includes the FY2019 Organic Certification Cost Share Reimbursement Application, a copy of the applicant's organic certificate, and itemized documentation of certification expenses paid by the applicant (i.e. copy of paid receipt or canceled check).

By signing this application, applicant:

- 1. Agrees to provide SCDA any documentation required to determine eligibility and to verify and support all information provided, including applicant's organic certificate;
- 2. Understands the application may be disapproved if the applicant fails to provide a complete application or any information requested by SCDA;
- 3. Agrees to comply with, and acknowledges the applicant is subject to, all provisions of OCCSP as published in the Notice of Funds Availability published in the Federal Register, and all applicable rules and regulations;
- 4. Understands that OCCSP payments are provided on a first come, first served basis until all available funds are obligated, and applications received after all funds are obligated will not be paid;
- 5. Acknowledges that if determined eligible and funding is available, the applicant will receive the lesser of \$750 per scope of activity or 75 percent of the applicant's certification cost, which may be adjusted from the amount requested to reflect eligible allowable costs indicated by the documentation submitted to support the application.

I certify that:

- 1. All of the information provided in this application by me or my legal representative is true and correct.
- 2. I understand that failure to provide true and correct information may result in the invalidation of this application, a determination of noncompliance or ineligibility, or other remedies.
- 3. I understand that I may not receive duplicate benefits for the same scope of activity and program year from both a State Agency and FSA. If it is determined that I have received duplicate benefits, I have no right to keep those payments and will be required to return the funds.

Signature	Date

MAIL OR EMAIL YOUR COMPLETED APPLICATION TO

SCDA Grants Administration
Attn: Betsy Dorton
PO Box 11280, Columbia, SC 29211
bdorton@scda.sc.gov

9/9/19